

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual age: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Interpreter needed: Yes / No / Refused Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_ Gender: M / F **9 to 12 Years**

<b>INTAKE</b>	
Height:	Weight: BMI: BMI%: BP: Temp: Pulse: Resp: Pain:
Allergies:	CDC Growth chart completed: Yes / No
Current Meds/Vitamins:	
Dental Provider:	Limitations: vision, hearing, physical, reading, other
VIS Info given: Yes / No	MA Signature
<b>INTERVAL HISTORY: Must be completed by Provider (indicate alone or with parent)</b>	Sleep pattern:
Diet/Nutrition: (Z71.3)	Vision Screening result:
	Hearing Screening result:
Appetite:	Exposure to tobacco smoke: Yes / No
Physical activity and sports: (Z71.82)	Tobacco/vape/alcohol/drug use: Yes / No
Menarche: LMP:	<b>Family history:</b> HTN / Cancer / CAD / DM / Asthma / High Cholesterol / Heart Disease / Other:
Sexually active: Yes / No	TB Risk: Yes / No STI/HIV Risk: Yes / No
Type of contraceptive:	Hep B Risk: Yes / No
For females, if seeing an OB/GYN, Provider Name:	Intimate Partner Violence Risk (using ACE and other approved tools): Yes / No
<b>GROWTH/SCHOOL PROGRESS: Must be documented for growth and development assessment.</b>	
<input type="checkbox"/> Performs chores	<input type="checkbox"/> Adheres to predetermined rules
<input type="checkbox"/> Interaction with family and peers	<input type="checkbox"/> Knows right from left
<input type="checkbox"/> Reads	<input type="checkbox"/> Cause and effect are understood
<input type="checkbox"/> School performance/achievements	<input type="checkbox"/> Develops self-efficacy or the knowledge of what to do and the confidence and ability to do it
<input type="checkbox"/> Play sports	
<b>SUBJECTIVE:</b>	Staying Healthy Assessment reviewed and signed by PCP: Yes/No Depression Screening PHQ2 completed: Yes / No Further Evaluation (PHQ9) needed: Yes / No
<b>PHYSICAL EXAMINATION:</b>	
<input type="checkbox"/> Alcohol and drug use assessment at 11 and 12 years	
General appearance <input type="checkbox"/> Well-nourished and developed	Breast (female) <input type="checkbox"/> No masses, Tanner stage I II III IV V
<input type="checkbox"/> No abuse/neglect evident	Lungs <input type="checkbox"/> Clear to auscultation bilaterally
Head <input type="checkbox"/> No lesions	Abdomen <input type="checkbox"/> Soft, no masses, liver & spleen normal
Eyes <input type="checkbox"/> PERRLA, conjunctivae & sclerae clear	Genitalia <input type="checkbox"/> Grossly normal, Tanner stage I II III IV V
<input type="checkbox"/> Vision grossly normal	Male <input type="checkbox"/> Circ./uncircumcised <input type="checkbox"/> Testes in scrotum
Ears <input type="checkbox"/> Canals clear, TMs normal	Female <input type="checkbox"/> No lesions, normal external appearances
<input type="checkbox"/> Hearing grossly normal	Femoral pulses <input type="checkbox"/> Normal
Nose <input type="checkbox"/> Passages clear, MM pink, no lesions	Extremities <input type="checkbox"/> No deformities, full ROM
Teeth <input type="checkbox"/> Grossly normal, no visible cavities	Lymph nodes <input type="checkbox"/> Not enlarged
Neck <input type="checkbox"/> Supple, no masses, thyroid not enlarged	Back <input type="checkbox"/> No scoliosis
Chest <input type="checkbox"/> Symmetrical	Skin <input type="checkbox"/> Clear, no significant lesions
Heart <input type="checkbox"/> No organic murmurs, regular rhythm	Neurologic <input type="checkbox"/> Alert, no gross sensory or motor deficit
<b>OBJECTIVE:</b>	

